

# EXHIBIT D

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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RUBEN WILLS,

Plaintiff,

Case No.

1:20-cv-04432-BMC-VMS

-against-

MICROGENICS CORPORATION, et al.,

Defendants.

- - - - - x

via Zoom teleconference

November 7, 2023

10:07 a.m.

EXAMINATION BEFORE TRIAL of MARYANN  
GENOVESE, M.D., the Non-Party Witness, by The  
Respective Parties, in the above-entitled  
action, held at the above time and place,  
pursuant to Subpoena, and to the Federal Rules  
of Civil Procedure, taken before MARCI  
GLOTZER, a shorthand reporter and Notary  
Public within and for the State of New York.



1 DR. M. GENOVESE

2 internal medicine at -- it was called  
3 Misericordia Hospital in the Bronx. It's now  
4 called Our Lady of Mercy. After that, I had  
5 a job with Grumman Aerospace in Long Island,  
6 and then I went into private practice in  
7 Goshen, New York, from 1986 to 1997. From  
8 there, I gave up my practice. I worked about  
9 a year for one of my colleagues part time,  
10 and after that, I worked about a year for a  
11 -- in a chiropractor, seeing patients to make  
12 sure they didn't have any significant medical  
13 problems.

14 After that, I did two years in a  
15 federal prison in Otisville, New York, as an  
16 internist, kind of like the medical director.  
17 I did two months, I think, in maybe May of  
18 2003 as a fee-for-service physician for DOCS,  
19 and then in July, 2003, I joined DOCS.

20 Q. When you joined DOCS in July of  
21 2003, did you join DOCS as an internist?

22 A. They call you a clinical physician.  
23 That's what they call you.

24 Q. Are you currently employed by DOCS?

25 A. No. I retired in December of 2019.



1 **DR. M. GENOVESE**

2 Q. You were a clinical physician at  
3 DOCS between July of 2003 and December of  
4 2019?

5 **A. Correct.**

6 Q. Did you maintain that role  
7 throughout the entire period of time, or were  
8 there different titles you may have achieved,  
9 or was it just the same role?

10 **A. At Sing Sing, I was the medical**  
11 **director. When I was at Wallkill, I was the**  
12 **medical director, and probably I -- at**  
13 **Shawangunk also. But I was by myself.**  
14 **Still, I'm, like, the clinical physician and**  
15 **medical director.**

16 Q. How many different correctional  
17 facilities were you at between 2003 and 2019?

18 **A. I was at Fishkill, Shawangunk, Sing**  
19 **Sing, and Wallkill.**

20 Q. During the year 2019, where were  
21 you?

22 **A. Wallkill. Wallkill Correctional**  
23 **Facility.**

24 Q. Were you ever a clinical physician  
25 or medical director or a doctor in any



1 DR. M. GENOVESE

2 capacity at Lincoln Correctional Facility?

3 **A. No.**

4 Q. Did you have specific training to  
5 become a doctor for DOCS, meaning separate  
6 and apart from what you learned in medical  
7 school, after medical school, did you have  
8 specific training with respect to the rules  
9 and regulations of DOCS?

10 **A. Well, we had to go through some**  
11 **security training, but no. As a physician,**  
12 **you are just hired as a physician.**

13 Q. There were no special directives or  
14 regulations or anything like that that you  
15 were trained on when you began working for  
16 the Department of Corrections in New York?

17 **A. No. I just started my job when I**  
18 **got hired and saw patients.**

19 Q. What were your duties when you were  
20 a clinical physician at DOCS?

21 **A. See patients, review diagnoses,**  
22 **order the proper tests, and refer them if**  
23 **they needed to be referred to a specialist.**

24 Q. Were there any specific rules and  
25 regulations with respect to medications,



1 DR. M. GENOVESE

2 meaning when an inmate was able to obtain and  
3 then fill and be administered a medication,  
4 were there any rules and regulations with  
5 respect to that at DOCS?

6 A. Well, I ordered the medication. If  
7 it was nonnarcotic or not a controlled drug  
8 or a drug of abuse, they did not get that.  
9 That would be administered by the nurse.

10 Q. When you say "they did not get  
11 that," what do you mean by that?

12 A. They didn't get the bottle of  
13 medication to take with them. They did not  
14 carry their own medicine if it was a narcotic  
15 or controlled substance. That was  
16 administered by the nurse.

17 Q. A nurse in the facility where they  
18 were housed; right?

19 A. Right. The patients would come to  
20 the medical department. There would be a  
21 window there. The nurse would be behind the  
22 window and she would distribute certain  
23 medications.

24 Q. Were there other medications that  
25 inmates were allowed to take with them to



1 DR. M. GENOVESE

2 their cell?

3 **A. Yes. Hypertensive medications.**

4 **Nonsteroidal anti-inflammatories. Cardiac**  
5 **medicines.**

6 Q. Those were types of medications that  
7 inmates were given the full bottle and they  
8 would be allowed to take it back to their  
9 cell and administer the medications to  
10 themselves; is that right?

11 **A. Yes.**

12 Q. What about over-the-counter  
13 medications that were not prescription  
14 medications? Were inmates allowed to have  
15 those in their cells and administer those by  
16 themselves?

17 **A. If I prescribed one of those and it**  
18 **was in a bottle, yes, they could have it.**

19 Q. With respect to prescribing  
20 medication, whether prescription medication  
21 or over-the-counter medication, did these  
22 medications all have to go through the  
23 medical department in order for the inmate to  
24 be allowed to have them or use them?

25 **A. Say the question again?**



1 **DR. M. GENOVESE**

2 Q. Sure. I'm just trying to  
3 understand, in order for an inmate to have a  
4 medication at all, whether it be an  
5 over-the-counter medication, a prescription  
6 medication, any medication, would that  
7 medication need to have been prescribed and  
8 have gone through the medical department at  
9 DOCS?

10 **A. Yes. You have to get your**  
11 **medication through the medical department.**

12 Q. That means whether it's Tylenol or  
13 something prescribed; is that right?

14 **A. Correct. They could come to the**  
15 **window and during the times of medication,**  
16 **they could get, like, a sample of Tylenol,**  
17 **you know. They could come and get a Tylenol**  
18 **that's at the nurse's station, at the nurse's**  
19 **window.**

20 Q. Everything, all medications have to  
21 go through some sort of central medical  
22 department; they can't just have them without  
23 medications being, I guess, prescribed by the  
24 medical department at DOCS, so there would be  
25 a record of any sort of medication that the



1 DR. M. GENOVESE

2 inmate is on; right?

3 **A. Yes. Yes. When I would order**  
4 **medication, it was written in my note.**

5 Q. That was my next question. Is it  
6 logged, the medication, in some capacity at  
7 the facility level, or is there a  
8 record-keeping method at DOCS that's not at  
9 the facility level that's more electronically  
10 kept overall? How are records of inmates'  
11 medication kept?

12 **A. If I prescribed the medication and**  
13 **ordered it for a week or a month and there**  
14 **was a refill, I would write a prescription.**  
15 **That prescription would go to the pharmacy.**  
16 **If it was a medicine that was controlled or a**  
17 **medicine that we considered a medicine of**  
18 **abuse, or if I thought the patient really**  
19 **didn't have the capability to take his**  
20 **medicine, they were given out by the nurse**  
21 **from the nurse's station, and they had a log.**  
22 **They wrote down that they gave the**  
23 **medication.**

24 Q. When you say "medication is sent out  
25 to the pharmacy," what do you mean by that?



1 DR. M. GENOVESE

2 A. The medications that I would order,  
3 the prescriptions, if I remember correctly,  
4 would go in some bag and they would go to  
5 central pharmacy and then they would get  
6 delivered. We would get the medications  
7 delivered. We didn't have a pharmacy in  
8 Wallkill. We had to get from -- if I'm not  
9 -- maybe from another facility. We did not  
10 have pharmacy here so we could not -- I could  
11 not -- I would write a prescription but there  
12 was really no medication like hypertensive  
13 medication, cardiac medication there. There  
14 was some stock medications, but that would  
15 be, like, for an emergency.

16 Q. When you wrote a prescription, did  
17 you enter the prescription into a central  
18 database at DOCS?

19 A. No. When I -- the last year or so,  
20 if you were going to order a narcotic or some  
21 other medicine, you would put it in the  
22 computer, and those medicines also had to be  
23 approved by the regional medical director.

24 Q. But --

25 A. There wasn't much computer work.



1 DR. M. GENOVESE

2 A. Nonprescriptions were tracked by  
3 they got a bottle of 30 pills. Not in the  
4 nurse's station log.

5 Q. How were those --

6 A. Pharmacy -- pharmacy would have a  
7 log.

8 Q. The pharmacy that the facility used  
9 would have a log, you are saying?

10 A. Yes. The pharmacy would have a log,  
11 and on our computer system, the nurse could  
12 go on there and she could get a printout of  
13 the medications the patient was on. And  
14 that, we would put in their chart.

15 Q. This printout, is that from a system  
16 called SIFS, S-I-F-S?

17 A. I don't know the name of the system.

18 Q. Was there some sort of system that  
19 contained this printout of the patient's  
20 medications?

21 A. Yes.

22 Q. Does that contain all of their  
23 medications, that system?

24 A. I don't remember if the mental  
25 health medications were on there, or just the



1 **DR. M. GENOVESE**

2 **medications that I ordered.**

3 Q. Meaning the medications that a  
4 doctor ordered; right?

5 **A. The doctor did order the psych**  
6 **medicines. The psychiatrist ordered them. I**  
7 **didn't order psychiatry medicines.**

8 Q. The psychiatrist orders the mental  
9 health medications, and you would order --  
10 the physical doctor would order the other  
11 medications?

12 **A. Correct.**

13 Q. The nurse wouldn't order any  
14 medications; right? It would be either the  
15 psychiatrist or a regular doctor, MD doctor?

16 **A. Yes.**

17 Q. You are not sure if the mental  
18 health medications are tracked by this  
19 computer system; right?

20 **A. I don't remember.**

21 Q. The nonprescription medications are;  
22 right? It's not just the prescription  
23 medications that are tracked by this computer  
24 system, it's all medications; right?

25 **A. Yes, because every medication --**



1 **DR. M. GENOVESE**

2 **Tylenol or ibuprofen, I have to write a**  
3 **prescription for that, so yes. That's on the**  
4 **log also, the computer printout.**

5 Q. For the prescription medications or  
6 nonprescription medications that the inmate  
7 doesn't take in his cell by himself, but that  
8 are administered by the nurse at the medical  
9 department, is there a log kept every time an  
10 inmate comes and the medication is  
11 administered?

12 **A. Yes.**

13 Q. Is that kept electronically, or is  
14 it kept physically, handwritten?

15 **A. Handwritten.**

16 Q. Do you know how long those logs are  
17 kept for?

18 **A. I can't tell you how many years.**

19 Q. Are you familiar with inmates when  
20 they are on work release and the medication  
21 protocols with respect to them?

22 **A. I didn't work in any facility that**  
23 **had work release.**

24 Q. You are unfamiliar with that?

25 **A. I'm unfamiliar with that.**



1 **DR. M. GENOVESE**

2 Q. Did you ever treat inmates for drug  
3 use?

4 **A. What do you mean by "drug use"?**

5 Q. Overdosing.

6 **A. No.**

7 Q. Did you find drug use was a problem  
8 in any of the facilities you worked in?

9 **A. I would say it was a problem.**

10 Q. Why would you say that?

11 **A. Well, if they showed up to my**  
12 **medical department high or not acting right**  
13 **-- are you still there?**

14 Q. Yes. I'm here?

15 **A. I would send them out.**

16 Q. What do you mean, "send them out"?  
17 Would you send them away?

18 **A. I would send them to the hospital.**

19 Q. How often would you say that would  
20 happen?

21 **A. The ones that needed to be sent to**  
22 **the hospital?**

23 Q. Yes. When someone came to you and  
24 they were clearly high on drugs, how often  
25 would that happen?

